

CREDIT APPLICATION



Fontaine Modification Company
9827 Mount Holly Road
Charlotte, NC 28214

CONTACT

First Name Last Name
Email Address
Telephone Number Fax Number

BUSINESS INFORMATION

Firm Name
Trade Name (if different from Firm Name)
Mailing Address of Company
Street Address Street Address 2
City State/Province
Country Postal Code
Billing Address (if different from above)
Street Address Street Address 2
City State/Province
Country Postal Code

Business Established (date)
Is Applicant Sales Tax Exempt? Yes No
Applicant has operated from its current address for years.
Applicant Owns or Rents its present place of business.

OWNERSHIP INFORMATION

PROPRIETORSHIP

Proprietor (or main owner)
First Name Last Name
Email Address
Social Security Number
Telephone Number Home Number
Home Address Home Address 2
City State/Province
Country Postal Code

PARTNERSHIP

Partner 1
First Name Last Name
Email Address
Social Security Number
Telephone Number Home Number
Home Address Home Address 2
City State/Province
Country Postal Code

Partner 2
First Name Last Name
Email Address
Social Security Number
Telephone Number Home Number
Home Address Home Address 2
City State/Province
Country Postal Code

**CORPORATION**

Corporation Name \_\_\_\_\_  
State of Incorporation \_\_\_\_\_  
Principal Stockholder  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Email Address \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Home Number \_\_\_\_\_  
Home Address \_\_\_\_\_ Home Address 2 \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_  
Country \_\_\_\_\_ Postal Code \_\_\_\_\_

**REFERENCES FOR APPLICANT (If none, substitute personal credit references)**

Supplier 1

Company Name \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Street Address \_\_\_\_\_ Street Address 2 \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_  
Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Supplier 2

Company Name \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Street Address \_\_\_\_\_ Street Address 2 \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_  
Country \_\_\_\_\_ Postal Code \_\_\_\_\_

Supplier 3

Company Name \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_  
Street Address \_\_\_\_\_ Street Address 2 \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_  
Country \_\_\_\_\_ Postal Code \_\_\_\_\_

**FINANCIAL INFORMATION**

A copy of Applicant's current financial statements accompanies this application \_\_\_Yes \_\_\_No

Or, a copy of Applicant's current financial statements will be mailed to the Credit Department at Fontaine Modification

Company: \_\_\_ Yes \_\_\_ No

Are the Applicant's Accounts encumbered by a present lien or security interest?

Accounts Receivable \_\_\_Yes \_\_\_No

Inventory \_\_\_Yes \_\_\_No

Equipment \_\_\_Yes \_\_\_No

If yes, comment here: \_\_\_\_\_

Other business names used by Applicant to obtain credit:

Name \_\_\_\_\_  
Street Address \_\_\_\_\_ Street Address 2 \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_  
Country \_\_\_\_\_ Postal Code \_\_\_\_\_  
Date \_\_\_\_\_

**APPROXIMATE INITIAL REQUESTED CREDIT PER MONTH** (Which Request Shall Not Be Binding Upon Sellers. Nor, Shall Sellers Incur Liability By Granting, Reducing, Increasing, or Refusing Said Request):

**Amount** \_\_\_\_\_

Applicant hereby certifies that the information furnished under this Application and any other financial statements furnished in connection herewith is true and correct and that this information is being furnished to Sellers for the purpose of inducing Sellers to extend credit to Applicant, and understands that Sellers intend to rely upon such information. Applicant understands and agrees to be bound by the terms incorporated herein by reference and contained in this Application and all invoices and other documents furnished by Sellers from time to time, all of which are incorporated herein by reference, and to advise Sellers of any material change in the information provided herein, including but not limited to change of ownership, address or telephone.

Applicant understands that Sellers will retain this Application whether or not it is approved.

Applicant's credit history and trade and bank references for customary credit information to confirm the information contained on this Application including but not limited to, sending a copy hereof to the trade and bank references, and to release information to other creditors regarding Applicant's credit experience with Sellers.

Applicant (full Firm Name) \_\_\_\_\_

By Authorized Agent \_\_\_\_\_

Date \_\_\_\_\_

Digital Signature \_\_\_\_\_

**Completing this application:**

If you wish to clear the form and start again, select the "Reset" button below. (this will clear all fields)

While you are completing the application, you may "Print" or "Save" at anytime by selecting one of the buttons below.

When you digitally sign this application, you will be prompted to rename the file and save it to your computer.

Before you "Email" your application by selecting the button below, make sure you have completed and signed the Terms & Conditions of Sale form and the Tax Exempt Status (if applicable).

**When you are ready to email the form:**

Select the "Email" button below. This will launch your email service.

The application form will be attached. You then add the signed Terms & Conditions form and Tax Exempt form (if applicable).